

2. *Vascular Tissue of the Schneiderian Mucous Membrane.*—Dr. KOHLRAUSCH published in MÜLLER's *Archiv.* (1853, H. 2) a description, with figure, of what he designated as an erectile tissue, lying between the mucous membrane and the periosteum of the turbinated bones, especially at their posterior aspect. It is a venous plexus, which can be exhibited by insufflation or by injection, consisting of loops of venous twigs, running vertically to the bone, and closely connected by firm areolar tissue. The mucous follicles, which, in other parts of the nasal mucous membrane, are quite superficial, and have short funnel-shaped openings, lie here more deeply between the meshes of the venous network, and discharge their secretion through longer ducts.

This peculiar arrangement of the vessels of the Schneiderian membrane accounts for the profuse hemorrhage which so often occurs from the nose, as well as for the sense of fulness and tension within that organ, and the copious sero-mucous discharge from it, which are well known as ordinary symptoms of coryza.—*Assoc. Med. Journ.* March 24, 1854.

3. *Mucous Membrane of the Stomach.*—The *Zeitschrift für Rationelle Medizin* contains a paper by ECKER on the glandular apparatus of the gastric mucous membrane, which he examined shortly after death in the bodies of several young men who had committed suicide. The account he gives is as follows: In the middle part of the stomach, there are only simple cylindrical glands, each from half to three-quarters of a line in length, and about one-fiftieth of a line in diameter. They lie vertically, and are somewhat club-shaped at the closed extremity, just, in fact, as Sharpey and others have described them. The mucous membrane of the cardiac end of the stomach is composed of similar follicles; only many of them are bifurcated at the end. In the pyloric portion, we find, besides these, granular-looking bodies, which are glands somewhat resembling those of Brünner in the duodenum, and the ducts of which branch and end in grape-like vesicles. The function of these glands is, no doubt, to furnish mucus for the lubrication of the pylorus, where the bolus of food is necessarily most consistent. Besides all these, we meet with "lenticular glands," resembling the solitary follicles of the intestine, which have a diameter of from a quarter to three-quarters of a line, and are least abundant along the great curvature of the stomach.—*Assoc. Med. Journ.* March 24, 1854.

4. *The Anatomy and Surgical Relations of the Fascia of Scarpa.*—Mr. J. STRUTHERS states (*Monthly Journ. Med. Sci.* May, 1854), that the fascia of Scarpa is not commonly understood fully, in the simplicity of its anatomy and the importance of its surgical bearings. In the common mode of conducting the dissection of the groin, he maintains that the true origin of the fascia is divided, and its nature and connections cannot be seen or understood. He gives the following directions for demonstrating this fascia: "Having reflected the skin of the groin for some inches both above and below Poupart's ligament, divide the superficial fascia of the thigh two or three inches below Poupart's ligament, and, using the point and handle of the scalpel, turn it up, off the surface of the glands and superficial vessels, to about an inch above Poupart's ligament. Next, by an incision curving down from the anterior-superior spinous process of the ilium to near the symphysis pubis, divide the fascia through its whole depth, down to the tendon of the external oblique; and now dissect the whole fascia down, close off the external oblique. The lax cellular tissue here, yields almost to the handle of the scalpel, but at, or immediately below Poupart's ligament, the handle of the scalpel is suddenly and firmly arrested. The dissection is now done. Now take the femoral end of the dissected superficial fascia in one hand, and the abdominal end in the other hand, lifting them up a little, and stretching them up and down, and, on looking in below, a thin semi-transparent fibrous membrane is seen, passing between the superficial fascia and the fascia lata. This is the fascia of Scarpa, fully displayed; but if the glands and surrounding cellular tissue be now carefully picked away from its lower or femoral aspect, the fascia will be more clearly seen."

Mr. Struthers gives the following description of this fascia:—

"The fascia of Scarpa arises from the fascia lata close below Poupart's liga-

ment, passes upwards for an inch, and blends with the common superficial fascia. It is separated from the lower part of the tendon of the external oblique, behind, by very loose cellular tissue, and, before, from the common superficial fascia by the superficial glands and vessels; and is continued inwards around the cord, becoming continuous with the fascia of Colles, or true superficial fascia of the perineum. It is a thin aponeurotic or fibrous membrane, forming a barrier or septum across the groin, by passing between the fascia lata and the common superficial fascia. When the urine, infiltrated in the perineum, has been directed upwards along the cord by the fascia of Colles, the fascia of Scarpa prevents it from passing down the front of the thigh. In relation to hernia, it assists in directing an inguinal hernia into the scrotum, and forms one of its coverings; it is covered by a femoral hernia, and tends to prevent the femoral hernia from passing upwards on the abdomen, by means of its union with the common superficial fascia."

5. *The Process of Repair in Teeth.*—The recent number of *Guy's Hospital Reports*, contains a very interesting communication by Dr. S. J. A. SALTER, on the laws which regulate the formation of the "Dentine of Repair," one of the forms of what has been called secondary dentition, or that after formation by which the pulp cavity of the tooth is diminished or obliterated, after the tooth has attained a mature and adult condition.

There are three forms of secondary dentine: *Osteodentine*, in which the new tissue is arranged in systems resembling the Haversian systems of bones around isolated bloodvessels; the dentinal tubes radiating from each centre. It always occurs in states of irritation or inflammation of the pulp. *Dentine excrescences* are little nodules of secondary dentine, occasionally found attached to the interior of the pulp cavity of otherwise healthy teeth. *Dentine of repair* is the special subject of the paper. This deposit is thrown out within the pulp cavity, *opposite* to that part of the external surface of the tooth where a fracture or wearing of the original dentine has taken place, thus thickening the body of the tooth opposite the injured part, so that teeth which are worn down even level with the gum still present no cavity.

This process corresponds with the most beautiful exactness to the external lesion; as long as the enamel only is injured, no dentine of repair is deposited; but as soon as any of the dentine tubes are broken off or worn away on the surface of the tooth, so soon is there thrown out at their opposite extremities towards the pulp a deposit, limited with the utmost exactness to the injured tubes; not mathematically opposite, therefore, to the injured part, but *physiologically* opposite, according to the wavy course of the tubes. The dentine of repair is clear and translucent, and the part of the original dentine involved in the process becomes also more transparent than usual, in consequence of its tubules being filled up with solid matter.

6. *Elasticity of Arteries considered as a Cause of Animal Heat.*—Dr. WINN read before the Physiological Section of the Medical Society of London (May 8, 1854), a paper on this subject. The author stated that fourteen years since he had published, in the *Philosophical Magazine*, some observations which tended to prove that the elasticity of the arteries formed an important element in the generation of animal heat. About seventeen years since, while making some experiments with caoutchouc, he was forcibly struck with the property it possesses of evolving heat when suddenly elongated, and was led at the time to infer the probability of other bodies being similarly endowed. The elastic coat of arteries, especially, appeared to be one of the substances likely to exhibit this calefactory principle; and, in the event of this being the case, he thought it would not be unreasonable to conclude, that the incessant contractions, and dilatations of the arteries during life must form an efficient source of animal heat. Three years subsequently he was induced to resume the subject, and, upon making an experiment with part of the aorta of a bullock, he was much gratified in being able to verify his previous conjecture. The experiment was performed as follows: Having cut off a circular portion of the descending arch of the aorta, about an inch in length, he laid it open and care-